



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PROFESSIONAL DEVELOPMENT: THE STARR PROGRAM
APPLICATION FOR PARTICIPATION AS STARR TEACHER

ALL PARTS OF THIS APPLICATION MUST BE COMPLETED AND RETURNED NO LATER THAN **APRIL 11, 2008**, TO: THE STARR PROGRAM, DIVISION OF TEACHER QUALITY AND URBAN EDUCATION, P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.

TO BE COMPLETED BY TEACHER APPLICANT

NAME (LAST)				(FIRST)				(MIDDLE)			
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC _____						SOCIAL SECURITY NUMBER			
								E-MAIL ADDRESS			
CURRENT POSITION <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> JUNIOR HIGH <input type="checkbox"/> SENIOR HIGH <input type="checkbox"/> JUNIOR/SENIOR HIGH <input type="checkbox"/> K-12 YEARS IN PRESENT POSITION _____				YEARS OF TEACHING EXPERIENCE IN ELEMENTARY _____ MIDDLE _____ JR. HIGH _____ SR. HIGH _____ JR./SR. _____ K-12 _____							
				TOTAL YEARS OF TEACHING EXPERIENCE _____							
				SUBJECT AREA(S) OF EXPERTISE _____							
				SUBJECTS OR GRADE PRESENTLY TEACHING _____							
				HIGHEST DEGREE _____ YEAR EARNED _____							
				AREAS OF CERTIFICATION _____							
NAME OF SCHOOL DISTRICT						NAME OF SCHOOL					
SCHOOL DISTRICT ADDRESS				CITY				ZIP CODE		TELEPHONE NUMBER	
SCHOOL ADDRESS				CITY				ZIP CODE		TELEPHONE NUMBER	
HOME ADDRESS				CITY				ZIP CODE		TELEPHONE NUMBER	

TO BE COMPLETED BY TEACHER APPLICANT

PLEASE ATTACH ADDITIONAL PAPERS WHICH PROVIDE THE FOLLOWING INFORMATION:

1. List professional development activities in which you have participated in the past five years. Briefly describe those which have significantly influenced your teaching.
2. List and describe any leadership roles you have held in the past five years.
3. List any honors or awards that you have received during your teaching career.
4. If you have served as a workshop leader, please list the topics, the audience, and other pertinent information.
5. Please state your reasons for wishing to participate in the STARR Program.
6. Please attach two letters of reference — one from a supervisor and one from a colleague — that provide evidence of your ability as a teacher and as a prospective professional development provider. If you have presented workshops to educators, you may wish to attach a letter from a participant in one of your presentations rather than a letter from a colleague.

(CONTINUED ON REVERSE SIDE)

TO BE SIGNED BY TEACHER APPLICANT

TEACHER COMMITMENT TO THE STARR PROGRAM

As a participant in the STARR program I agree to:

- ▶ Commit two years to the program.
- ▶ In the first year:
 - Attend summer seminars on authentic instruction.
 - Attend a minimum of 12 days of professional growth activities at state expense during the school year.
 - Practice in my own classroom and evaluate the techniques and skills learned.
 - Network with the other STARR teachers to develop and refine seminar content and presentation skills.
 - Participate in follow-up activities provided by the Missouri Department of Elementary and Secondary Education.
- ▶ In the second year:
 - Go on state-supported leave from my home district.
 - Provide professional development to schools and school districts in the region during times most suitable to their schedule.
 - Maintain a regional resource office. Indicate closest university _____
(University of Central Missouri, Missouri State, Northwest Missouri State, Southeast Missouri State, Truman State, University of Missouri-Columbia, University of Missouri-Kansas City, Missouri University of Science and Technology, University of Missouri-St. Louis)
 - Travel in order to provide professional development for schools and school districts in the region.
 - Interact and work with the regional university teacher-education program.
- ▶ Upon returning to the district:
 - As opportunities are presented, continue sharing new skills and techniques with district staff members.

APPLICANT'S SIGNATURE

DATE

TO BE SIGNED BY PRINCIPAL OR SUPERVISOR

I verify that this teacher has had at least three years' teaching experience and is an outstanding teacher. I feel this teacher has the initiative, leadership and commitment needed to become a successful STARR teacher. Furthermore, I will fully support his or her efforts while participating in this program.

PRINCIPAL'S SIGNATURE

DATE

TO BE SIGNED BY SUPERINTENDENT

DISTRICT COMMITMENT TO THE STARR PROGRAM

If this teacher is selected to participate in the STARR program, the district will commit to the following:

- ▶ In the first year:
 - Excuse the teacher from district responsibilities to attend summer seminars and a minimum of 12 days of professional growth activities during the school year. (The Missouri Department of Elementary and Secondary Education will provide for payment of substitutes.)
 - Support the teacher by encouraging him or her to use the skills and techniques learned.
 - Excuse the teacher to participate in follow-up activities. (The Missouri Department of Elementary and Secondary Education will provide payment for substitutes where needed.)
- ▶ In the second year:
 - Allow the teacher leave from his or her teaching responsibilities for the year.
 - Grant salary and all benefits for the teacher equal to what would have been received had the teacher remained on the staff and in the classroom. (The Missouri Department of Elementary and Secondary Education will provide salary and benefits equal to those of a teacher on the first step of the district's salary schedule.)
- ▶ Upon returning to the district:
 - Provide opportunities for the teacher to continue sharing new skills and techniques with district staff members.

SUPERINTENDENT'S SIGNATURE

DATE